Approved OMB No. 1651-0029
Exp. 02/28/2022

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

APPLICATION FOR FOREIGN-TRADE ZONE ADMISSION AND/OR STATUS DESIGNATION

19 CFR 146.32, 146.40

CENSUS USE ONLY

ZONE NO. AND LOCATION *(Address)*

PORT CODE

IMPORTING VESSEL (& FLAG)/OTHER CARRIER	EXPORT DATE	IMPORT DATE	ZONE ADMISSION NO.

U.S. PORT OF UNLADING	FOREIGN PORT OF LADING	BILL OF LADING/AWB NO.	INWARD M'FEST NO.

INBOND CARRIER	I.T. NO. AND DATE	I.T. FROM *(Port)*

STATISTICAL INFORMATION FURNISHED DIRECTLY TO BUREAU OF CENSUS BY APPLICANT? ☐ YES ☐ NO

NO. OF PACKAGES AND COUNTRY OF ORIGIN CODE	DESCRIPTION OF MERCHANDISE	HTSUS NO.	QUANTITY (HTSUS)	GROSS WEIGHT	SEPARATE VALUE & AGGR CHGS.
				HARBOR MAINTENANCE FEE (19 CFR 24.24) ➧	

I hereby apply for admission of the above merchandise into the Foreign-Trade Zone. I declare to the best of my knowledge and belief that the above merchandise is not prohibited entry in the Foreign-Trade Zone within the meaning of section 3 of the Foreign-Trade Zones Act of 1934, as amended, and section 146.31, Customs Regulations.

I hereby apply for the status designation indicated:
☐ NONPRIVILEGED FOREIGN (19 CFR 146.42) ☐ PRIVILEGED FOREIGN (19 CFR 146.41) ☐ ZONE RESTRICTED (19 CFR 146.44) ☐ DOMESTIC (19 CFR 146.43)

APPLICANT FIRM NAME	BY *(Signature)*	TITLE	DATE
F.T.Z. AGREES TO RECEIVE MERCHANDISE INTO THE ZONE ➧	FOR THE F.T.Z. OPERATOR *(Signature)*	TITLE	DATE
PERMIT — **Permission is hereby granted to transfer the above merchandise into the Zone.**	PORT DIRECTOR OF CBP: BY *(Signature)*	TITLE	DATE
PERMIT — The above merchandise has been granted the requested status.	PORT DIRECTOR OF CBP: BY *(Signature)*	TITLE	DATE

PERMIT TO TRANSFER

The goods described herein are authorized to be transferred: ☐ without exception ☐ except as noted below

CBP OFFICER AT STATION *(Signature)*	TITLE	STATION	DATE
RECEIVED FOR TRANSFER TO ZONE *(Driver's Signature)*	CARTMAN	CHL NO.	DATE

FTZ OPERATOR'S REPORT OF MERCHANDISE RECEIVED AT ZONE

To the Port Director of CBP: The above merchandise was received at the Zone on the date shown except as noted below:

FOR THE FTZ OPERATOR *(Signature)*	TITLE	DATE

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0029. The estimated average time to complete this application is 15 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street NE, Washington, DC 20229.